

SOCIAL WORK ASSESSMENT IN NORTHSIDE CENTER FOR CHILD
DEVELOPMENT NEW YORK, NEW YORK

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CHAPTER I

INTRODUCTION

Significance of the Study

This study was planned by social work students at the Atlanta University School of Social Work, Class of 1962. It was designed to test the model for the assessment of social functioning which was prepared by the Human Growth and Behavior Committee and the Research Committee of the Atlanta University School of Social Work.

Generally, social work may be viewed as a problem-solving process. However, before the alleviation of a problem can take place careful study must be made to define clearly the nature of the problem and those factors which have contributed to the evolvement of it. In other words, assessment is an essential element in social work.¹

The kind of model of assessment referred to in this study involves the construction of a symbolic record for reaching decisions. It may be seen as "a way of stating a theory in relation to specific observations rather than hypothesis . . . the model structures the problem. It states (or demonstrates) what variables are expected to be involved."²

¹Helen Perlman, Social Casework (Chicago, 1957), p. 5.

²Martin Loeb, "The Backdrop for Social Research," Social Science Theory and Social Work Research (New York, 1960), p. 4.

It has been explicitly stated in the literature that there is a recognized need for a conceptual scheme or model to be used in practice as one attempts to understand the individual.¹

One reason which has been explicated for such a model is that "a system of classification of problem entities would lay the groundwork for the construction of a network of treatment approaches. These approaches might be related in a broad manner, to specific problem situations.² Assessment is basic to adequate treatment."³

For the purpose of this study, assessment was defined as the identification and evaluation of those socio-cultural and individual factors in role performance which make for social dysfunction as well as adequate social functioning.

In reviewing the literature, terms were noted which though not identical had elements of assessment, namely, the identification and evaluation of the problem. To illustrate:

In casework "diagnosis" is often utilized. It is defined as "a conclusion, a picture, made up of all the available facts fitted together within a particular frame of reference for a particular purpose concerning itself with social and psychological facts."⁴

In this definition, a conclusion or picture can be equated with the identification of the problem; the study of all available facts and fitting

¹Helen Perlman, "The Social Casework Method In Social Work Education," Social Service Review, Vol. XXXIII, No. 33 (1959), p. 424.

²Shirley Hellenbrand, "Client Value Orientations: Implications for Diagnosis and Treatment," Social Casework, XLII (April, 1961), p. 169.

³Nathan Ackerman, Psychodynamics of Family Life (New York, 1958), p. 9.

⁴Leontine Young, "Diagnosis as a Creative Process," Social Casework, XXXVII (June, 1956), p. 275.

them together within a particular frame of reference for a purpose can be viewed as evaluation.

Utilizing the term diagnosis another statement was noted in the literature which further emphasized the need for a model of assessment.

. . . without adequate diagnosis there can hardly be adequate therapy. The prevailing diagnostic systems are essentially descriptive rather than dynamic, developmental and etiological. The special criteria emphasized in these systems vary; they may be symptoms, configurations of conflict, or total personality profiles. But in such diagnostic frameworks, the individual is conceptually atomized and cut off from the close group into which his personality functions are integrated. . . . my central purpose is to evolve a conceptual frame within which it is possible to define the relationships between the emotional functioning of the individual and the psychosocial functioning of the family group.¹

Though this is a statement of a psychiatrist actively engaged in family diagnosis and therapy rather than of a social worker, it is viewed as being applicable to social casework practice in which the writer is specializing.

Family diagnosis and treatment have become important in the field of social work.²

This concern does not displace the important concepts of individual dynamics, but it adds other dimensions to the assessment of the individual as he interacts with others. In family diagnosis, consideration must be given to (1) the specific stress that the family may be confronted with (2) the capacities and disturbances of the individual members (3) the nature of the family interaction and (4) the social goals of the individual and the family at the particular stage of development and the influence of the culture and subculture.³

¹Nathan Ackerman, The Psychodynamics of Family Life (New York, 1958), pp. 9, 11.

²Otto Pollak and Donald Brieland, "The Midwest Seminar on Family Diagnosis," Social Casework, XLII (July, 1961), p. 319.

³Otto Pollak, "A Family Diagnosis Model," Social Service Review, XXXIV, (March, 1960), p. 19.

This was the viewpoint of one author who writes frequently on the subject. He also made reference to the need for a family assessment model.¹

The components of assessment as defined in this study are obvious in his statement.

Thus, the existence of some assessment models and the need for new ones to aid in identifying problems and evaluating circumstances which help create them have been explicated.

Purpose

The purpose of this study was to test the model of assessment of social functioning prepared by the Human Growth and Behavior Committee and the Research Committee of the Atlanta University School of Social Work by determining what data are included in social work assessment of social functioning. This purpose was accomplished by studying agency records and applying the model to them.

More specifically, this study was designed to ascertain to what extent there was correspondence between assessment information obtained by the agency and the factors in the model.

Method of Procedure

The beginning phase of this project was carried out during a six-month block field work placement, starting September 5, 1961 through February 27, 1962. The data used in the study were gathered from case records of Northside Center for Child Development, Incorporated.

Prior to collecting data, while the study was in its planning stage,

¹Ibid.

decisions were made by the social work class regarding the general method of procedure to be used. They were as follows: To allow the student time to become sufficiently oriented to the agency's policies and procedures, and to allow for a thorough examination, the sample number for each student would be twenty records. This was based on the assumption that this number of cases would give an idea of the agency's current method of assessing social functioning for a given year. Further, in order that the data gathered would be characteristic of the agency's current records, the study would utilize records that were closed within a one-year span (June 1, 1960 - May 31, 1961).

This decreased the number of records to be considered and gave a sample of the way in which assessment was currently being performed by the agency. In addition, since closed cases were out of the general use of the agency, the study did not interfere with agency functioning.

At Northside, closed cases were filed alphabetically without regard to the year of closing. However, statistical reports were kept of the number and names of cases closed in each month of a year. Therefore, the population was secured by listing alphabetically the names of cases closed during the period June 1, 1960 and May 31, 1961. One hundred sixteen cases constituted the population. Interval sampling was used to obtain the sample and the formula $K = \frac{116}{20} = 5.8 = 6$.

The width of each interval was 6. Every sixth case in the population was pulled from the files for study.

Five of the cases not included in the sample were used in a pilot study. This study acquainted the writer with agency recording and provided practice in utilizing the research instrument.

A schedule was used to abstract data from the case record. This schedule was constructed by the social work class of which the writer was a member. The schedule was composed of twenty-five items taken from the Tentative Model of Assessment of Social Functioning that was prepared by the faculty research committee.

The data gathered were case excerpts; the entire record was used. The items on the schedule were applied to the case records, and excerpts were written to illustrate that the schedule items were regarded when an assessment was made. For each schedule item, one pertinent illustration or excerpt was obtained.

The method of analyzing the data was developed by the faculty research committee.¹

Scope and Limitations

This study was carried out at Northside Center for Child Development, Incorporated. Twenty case records were studied to determine the presence or absence of the factors on the assessment model. Six months were allotted for the completion of the study.

This study was limited first by the inexperience of the writer as a researcher and secondly by the degree of subjectivity inherent in it. The definitions of some concepts were vague, and the research instrument was unstructured. Further the method for analyzing the data had not been determined when the study was planned.

¹ A copy of the Model of Assessment, the schedule, and the method of analyzing the data are located in the Appendix.

CHAPTER II

HISTORY AND DESCRIPTION OF AGENCY

Northside Center for Child Development, Incorporated was established in March, 1946 as the Northside Testing and Consultation Center as a result of the dedicated interest and efforts of Drs. Kenneth and Mamie Clark. The Center was located in the basement of the Dunbar Apartment Building, one of the then new, private, New York City housing projects.

When first founded, the Center staff consisted of the director, Dr. Mamie Clark, three part-time caseworkers, one full time and one part-time psychiatrist, three consulting pediatricians and one secretary. Thus from its inception the traditional team was active at Northside. The program consisted of psychological testing and psychiatric diagnostic and treatment services to emotionally disturbed children; casework services to parents, consultation to private schools and teachers, vocational guidance; remedial work; research and community education.

The program was financed by contributions made by staff members and fees paid by clients. All but two members of the staff, the secretary and remedial teacher, worked on a voluntary basis.

In April of 1947, the Northside Testing and Consultation Center was dissolved and reformed as a non-profit tax-exempt association--Northside Center for Child Development. At this time a Board of Directors and Professional Advisory Committee were set up to direct the financial and operational policies of the Center. In January 1948, Northside Center was

granted a dispensary license by the State Board of Social Welfare which established its basis for operating as an officially licensed mental hygiene clinic. Thus the Northside Center became the only privately financed full-time child guidance clinic in the Harlem area.

Since the movement of the Center to its present location in 1948, there has been considerable expansion and development of the program. The Center was accepted as a member of the Greater New York Fund, and also received a grant from the National Mental Health Act in 1949. The New York City Youth Board also gave a contract to Northside in order that they might refer a certain number of cases per annum for service. A student training program was established in cooperation with the New York School of Social Work and later expanded to include students from the Atlanta University School of Social Work. In August 1950, the agency became a member of the American Association of Psychiatric Clinics for Children.¹ Through the New York City Community Mental Health Board, the agency in 1955 began to receive increased public funds.²

The agency's latest grant was given in 1960 by the National Institute of Mental Health. The grant provided funds for a five-year study of Problem Prevention in the Primary Grades.³

The purpose of the project was to evaluate the effects of coordinated psychiatric approaches in working with very young children in the primary

¹Lois J. Fairley, "A Study of Growth and Expansion of Northside Center for Child Development from March 1, 1946 to February, 1950," (Unpublished Master's Thesis, School of Social Work, Atlanta University, 1950).

²Statement by Dr. Mamie P. Clark, Executive Director, (Northside Center for Child Development, New York), February, 1962.

³Ibid., February 20, 1962.

grades of selected public schools in New York City.¹

Northside Center for Child Development operated under the philosophy that each child is entitled to every opportunity to grow to his fullest capacity for his own sake and for the good of society as a whole. The goal of the Center was to help restore and maintain the mental health and happiness of as many emotionally disturbed children as is possible.²

Northside Center as it exists today grew out of the needs of the area which it served, and the above philosophy has been its guiding principle as it has developed.

The agency's history of assessment as it has been practiced has been divided roughly into four periods. Initially, as has been stated, excluding a psychologist, the professional staff members were part-time volunteers. However, the disciplines giving their services were psychiatry, social work and psychology, members of the "traditional team." Effort was made to coordinate the work of the staff but, because the members were at the agency at different times, coordination was not always as efficiently executed as was desired. On occasion, the psychologist did intake. Nevertheless, the contribution of each discipline was respected. The assessment or diagnosis of the child's problems was made by the psychiatrist, and he utilized the psychological and social work data.

As previously stated, the agency was originally titled Northside Testing and Consultation Center. Thus, the discipline of psychology was

¹Northside Center for Child Development, Incorporated, "Digest of Problem Prevention in the Primary Grades" (New York, n. d.) (Mimeographed.)

²Northside Center for Child Development, Incorporated, "Where Deeply Troubled Children Can Find Help" (New York, n. d.), p. 4.

naturally utilized fully. During the first period, social workers did a great amount of home study, and their data were highly valued.

Because of the social science backgrounds of the founders, a rich awareness of socio-cultural factors as they influenced social functioning was brought to the agency. The clientele was composed of many migrant persons, e. g. Puerto Ricans, Southern Negroes and generally persons of low economic background. It was believed and recognized that a crucial factor in assessment was that these persons had to be judged by a somewhat different yardstick than what was generally used. Therefore, socio-cultural factors from the very beginning were always considered when an evaluation was made.

One might say that Northside's second phase of development began when it became the recipient of contributions by philanthropy. A Board of Directors was formed, and the agency became a member of the American Association of Psychiatric Clinics for Children. This association had defined membership qualifications and procedures. One of the qualifications was stated as follows:

It shall provide (the clinic) the coordinated services of the psychiatrist, clinical psychologist and psychiatric social worker. There shall be sufficient opportunity for conferences with total staff to provide for the integration of study and treatment, clinic policy and administrative effectiveness. Staff members shall have the skill to fuse their individual professional contributions into a coordinated program.¹

As a result of the affiliation of the agency and in keeping with its qualifications, a psychiatrist was made the medical director and responsible for the treatment program of the clinic.

¹History Purposes and Organization of The American Association of Psychiatric Clinics for Children (New York, 1951), p. 4.

During this second phase, under the direction of the first medical director, the clinic procedures were carried out as defined. A contribution was made by each discipline, and a final evaluation or assessment was made utilizing all pertinent information. There was much interaction between the total professional staff members.

The third phase of the clinic's development began with the second medical director. Under his direction the same procedures were used with some modification. Instead of the participation of the total staff in the assessment of cases before an assignment was made, greater use was made of the individual teams. A psychological workup was no longer routinely given but only when psychiatric examination made it seem necessary.¹

Under the direction of the third medical director, which has been designated the fourth period of the agency's development, the same procedures were used. However, there seemed to be less emphasis placed on the gathering of extensive data before a diagnostic evaluation was made.

The social worker did the intake. This material was reviewed by the diagnostician and he, in turn, made a diagnosis on the basis of this and a diagnostic interview with the child. Occasionally, the parent was seen also. A routine physical examination was given; if there seemed to be a need, a psychological examination was also administered. The case was then assigned to a social worker and a therapist who conferred and planned for treatment.

Services

The Northside Center provided its services to children between the ages of three to eighteen who live above 96th Street and below 165th Street

¹Interview with Victor Carter, Chief Psychiatric Social Worker (Northside Center for Child Development, Incorporated, January 11, 1962).

from the Harlem River to the Hudson River. Generally, no children were taken who showed organic mental defects of a serious nature or the presence of a psychosis. However, some ambulatory psychotic and borderline psychotic children have been accepted for treatment at Northside. Many children were referred because of disruptive behavior at school, poor school work and truancy. Other common complaints were nervousness, temper tantrums, disobedience at home, stealing, hyper-activity, homosexuality, fears, and many others. The children were accepted for treatment after consultation with parents, a physical examination, psychiatric interview for diagnostic purposes, and a psychological examination, when necessary.

The services offered to both children and parents were numerous, and the best in available professional skills were mobilized to form the highly trained staff, which worked as a team in dealing with all cases accepted without regard for race, color or creed. Approximately four hundred children were seen per annum on many different levels of service. The majority of these children received psychiatric treatment on a weekly basis. Other services offered for children were an individual and group remedial program, a group psychotherapy program for pre-adolescent boys, summer remedial programs, psychological testing for other agencies, and full or partial diagnostic studies.¹ Additionally, the agency offered consultation services to nurseries and day care centers.

¹Northside Center for Child Development, Incorporated, "Annual Report,"
June 30, 1956. (Mimeographed.)

CHAPTER III

ANALYSIS AND PRESENTATION OF DATA

This chapter is devoted to the discussion of the data that were collected. The method for analyzing the data was comprised of nine points, a copy of which is located in the appendix. The twenty schedules were analyzed item by item in terms of the nine analysis points. The material in this chapter is a narrative description of the analyzed data. The fifth analysis point required that the breadth of data for each schedule item be determined. It can be stated at this point that the breadth of data for each excerpt was one source of information. The final analysis point instructed that the process of content analysis be applied to each excerpt. Thus a classification system was developed for each schedule item and is presented in the discussion of the analysis. To illustrate some of the categories subsequently formed from the analysis, case excerpts were used. Following the narrative description of the analyzed data is a list of the classification categories.

For the purpose of clarity and comprehension, it is necessary to define some of the terms that will follow. A datum refers to a statement made by a client and considered factual. An interpretation was a statement made by a professional person based on an impression or observation of the person being serviced. Frequent reference will be made to the patient, the client and the assessment period. The agency in which the study was done was a child guidance clinic. Parents and children

were given service. Children became the patients of psychotherapists, and parents and guardians the clients of social workers. The assessment period refers to that time in which a child was being evaluated to determine the nature of his problem and to make some judgment regarding his treatability. It was during this period that the social worker saw parents for the intake process, and the children were given medical, psychological and psychiatric examinations. When it appeared that remedial assistance would be helpful, an evaluation was also made by the agency's Remedial Reading and Arithmetic Department.

Like the Model of Assessment of Social Functioning, the schedule was divided into two parts: those factors having to do with the personality and those related to socio-cultural factors. This division serves as a format for the presentation which follows.

Personality Factors

Intellectual potential.--For this item data were obtained from all twenty of the records studied. Sixteen of the excerpts were obtained by staff psychologists, two were obtained by staff psychotherapists, one by a staff remedial reading teacher, and one of the excerpts could not be classified. The information was secured during the assessment period. In each excerpt a patient was discussed. Three of the excerpts were classified as data, thirteen as data plus interpretations and four were interpretations. The information was located in the reports of the respective disciplines.

When the content of the excerpt was analyzed, three categories were formed. They were measurement by standardized intelligence tests; the classification of the intelligence quotients thus derived, according

to the range of mentality into which they fell; and the global capacity of an individual to act purposefully, think rationally and to deal effectively with his environment. The following excerpts illustrated the categories:

(1) On the Wechsler Intelligence Scale for Children he obtained a full scale I. Q. of 90. These results indicate that he is of average intelligence. (2) An intelligence test was not administered. However, from all indication, he seems to be of average intelligence.

Basic thrust, drives, instincts.--The incidence of data for this item was six excerpts out of the twenty records studied. Staff social workers obtained the information, and it was located in the narrative recording. The information was obtained from clients. As has been previously mentioned, one source of information was taken from the record for each excerpt. Patients were discussed in each excerpt. However, the stage in the agency contact could not be determined. Of the total number of excerpts obtained, five were data and one was a datum plus an interpretation.

The content of the excerpts was analyzed and two categories were formed: the innate propensity of individuals to satisfy basic needs and tendencies to respond to certain stimuli or situations. The following excerpts illustrated the respective categories.

(1) At time of placement in the foster home (11 months) she was a thumb sucker and a rocker which was probably a manifestation of the emotional deprivation sustained through prolonged institutionalization at such an early age. (2) He was always an active child and would cry at a slight provocation.

Physical potential.--Data were obtained from twenty records. Twelve of the excerpts were obtained by staff social workers and eight by staff psychotherapists. The data were located in the narrative recording of

the social worker and in psychiatric reports. The information was secured during the assessment period. Eight of the excerpts discussed patients, and twelve discussed clients. There were fifteen excerpts classified as data plus interpretations, and five as interpretations.

The content of the excerpts was analyzed, and the following categories were formed: physical structure (size, skeleton, musculature); racial characteristics; bodily proportions; temperament, mood, irritability; and tempo, energy and activity level. Some excerpts which illustrated the categories were as follows:

- (1) Clinical examination reveals a slender Negro girl of approximately average size. (2) She speaks in a rather low voice and in general is very guarded with little spontaneity. (3) ... a Puerto Rican of average height and stocky. (4) . . . an attractive woman with a nice figure.

Physiological functioning.--Data were obtained from twenty records. This information was obtained by the staff physician upon examination of the patient. The results of the examination were located in the medical report. The examinations were given during the assessment period. Fourteen of the excerpts were interpretations, and three were data plus interpretations.

In analyzing the content of the excerpts, many physical ailments were isolated. There were conditions of visual impairment, skin conditions, weight problems, asthma, a systolic heart murmur, symptoms of epilepsy and problems for the chiropodist. The excerpts were as follows:

- (1) Generally, the patient is in good health. (2) The patient has dental cavities and is underweight. (3) He is wearing glasses which show a correction for astigmatism and has athletes foot.

Identifiable patterns for reacting to stress and restoring dynamic equilibrium.--For this item data were obtained from eighteen records. Five

of the excerpts contained information obtained by staff social workers, one by a staff psychologist, one by a staff remedial reading teacher, and one by a staff psychotherapist. The data were located in the social work narrative and in the reports of the other respective disciplines. Five of the excerpts contained information obtained from clients, nine were impressions of psychotherapists, and four could not be classified. Seventeen of the excerpts could not be classified according to their stage of occurrence in agency contact; one occurred during the assessment period. Eight of the excerpts were classified data, and ten were data plus interpretations.

The following identifiable patterns for reacting to stress and restoring dynamic equilibrium were represented in the excerpts: acting out; obesity; asthmatic attacks; aphasia; and many mechanisms of defense. Included in the category of acting out behavior were aggressive and destructive as well as inappropriate clowning and playful behavior. An excerpt which illustrated this last category was:

The clowning and behavior difficulties probably represent attention getting mechanisms stemming from basic feelings of insecurity.

Some illustrations of defense mechanisms were as follows:

(1) The church outlet that he now has is a substitute for the former outlet of drinking, gambling and carousing. While this is a more acceptable expression of his problem in our society, his basic difficulties still remain with him. (2) Homosexuality to him apparently represents purely a defense against sexual wishes toward his mother.

An excerpt regarding obesity was taken from a record.

Because of the apparent oral deprivation (seen in the obesity) much anger has been generated which seemingly was forbidden to be expressed.

The internal organization of the personality.--Data were obtained

for this item from eighteen records. Fifteen of the excerpts were obtained by staff psychotherapists, and three could not be classified. The excerpts were located in the psychotherapist's report and were their diagnostic impressions of patients. The diagnoses were made during the assessment period. Each excerpt discussed a patient. Eight of the excerpts were data, six were interpretations, and four were a datum plus an interpretation.

The content of the excerpts was analyzed and the following categories were formed: persons having Schizophrenic reactions; neurotic behavior disorders; socio-pathic personalities; ego strengths; inadequate personality development; ability to control impulses; and passive-aggressive personalities. When the study was executed, the diagnoses were utilized, because it was believed that, whenever a diagnosis was made, the organization and integration of the id, superego and ego was considered. The following excerpts are representative of the data obtained for this item.

(1) His ego controls are weak and his defenses are not too adequate. (2) The diagnosis was Socio-pathic personality disturbance. (3) He has an Emotionally Immature Personality. He functions almost totally about what is pleasurable for him.

Degree of maturity.---Data were obtained from eighteen records. Ten of the excerpts were obtained by staff social workers, six by staff psychotherapists, and two could not be classified. The data were located in the reports of the respective disciplines. The social work data were obtained from clients, and the reports of the therapists were based upon impressions of their patients. Six of the excerpts occurred during the assessment period, and twelve could not be classified according to the stage in the agency contact. In thirteen of the excerpts the patient was discussed, and in the remaining five, the client. Sixteen of the excerpts were interpretations, and two were data plus interpretation.

When the excerpts were analyzed by content, the following categories were formed: maturity as measured by competence in social relationships; emotional maturity according to stage of development; and physical maturity.

The following excerpts illustrated the above categories:

- (1) The teacher shared with the mother that he considers her son as being very immature and unable to cope with the school situation.
- (2) It seemed beyond question that her functioning at the present time is a reflection of the unresolved problems of her adolescent and pre-adolescent years.
- (3) He looks very immature.

Self-image.--Self-image was another factor on the assessment model.

Data were obtained from nineteen records. Six of the excerpts were obtained by staff social workers, one by a staff psychotherapist, and ten could not be classified. The excerpts were taken from the recordings of the respective disciplines. It was not possible to determine the source of ten of the excerpts, however, in four instances the information came from clients. One was the result of a psychological examination, and four were impressions of social workers. There were four excerpts classified as data, thirteen were interpretations, and two contained a datum plus an interpretation. One of the excerpts was taken from a report of a psychological examination given during the assessment period. Eighteen of the excerpts could not be classified according to their occurrence in agency contact.

The following categories were developed when the content of the excerpts was analyzed: self-image as evidenced in one's self esteem; sexual identity; sense of one's capacities; and the degree of self confidence manifested. Excerpts which illustrated the categories were as follows:

(1) The patient's degree of self confidence and self esteem is extremely low. (2) He revealed he considered himself homosexual. (3) He is extremely afraid of failure and lacks self confidence. (4) He is unaware of his limitations and would like to accomplish more than he is able to.

Patterns of interpersonal relationships and emotional expression related thereto.--Data were obtained from twenty records. Sixteen of the excerpts were obtained by staff social workers, and four could not be classified. Each excerpt was located in the social work narrative. Three excerpts contained information from clients, three were the impressions of psychotherapists, and fourteen of them were impressions of social workers. Sixteen of the excerpts discussed clients, and four discussed patients. Fourteen of the excerpts were data, three were data plus interpretations, and three were interpretations.

When the excerpts were analyzed to determine the nature of their content, the following categories were formed: overindulgence; punitiveness; a symbiotic attachment between mother and child; and various degrees of rejection. An excerpt dealing with rejection was as follows:

There is a tendency for the mother to be quite rejective of him because of his failure to meet the high standards of conduct and behavior that she has set for him.

Other excerpts which illustrated the categories were:

(1) She alternates between being extremely punitive and harsh and on the other hand is over indulgent. (2) One of the most striking features was the symbiotic attachment between the mother and child.

Internalizations (in the form of attitudes) of culturally derived beliefs, values, norms and activity-patterns and the appropriate feelings for each.--Data were obtained for the above assessment item from seventeen records. The information in the excerpts had been obtained by social

workers and was located in the social work narrative. Clients gave the information in six excerpts, and eight were based upon the observations or impressions of social workers. In three cases patients were the sources of information. Three excerpts discussed families, six discussed patients, and in eight clients were discussed. Eight of the excerpts were classified as data, six were interpretations, and three were data plus interpretation.

When the content of the excerpts was analyzed, the excerpts were classified as follows: internalization of norms; beliefs; values; and activity patterns. An illustration which manifested all of the above categories was as follows:

The background of the family is of Orthodox Jewish faith and each parent was raised in an Orthodox household. They now maintain an Orthodox household.

Socio-Cultural Factors

Beliefs.--The first of the socio-cultural factors included on the assessment model was beliefs. For this item data were obtained from five records. The information had been secured by social workers, and the excerpts were subsequently located in the social work narrative. The information had been obtained from clients. In three of the excerpts patients were discussed, and two discussed clients. The excerpts could not be classified according to their stage of occurrence in agency contact. All of the excerpts were data.

When the content of the excerpts was analyzed, one category was formed: it was a belief in religious doctrine. An excerpt which illustrated this category was: "It was her belief that the Holy Virgin punished her by having those accidents happen."

Values.--Data were obtained from seventeen records for the item value. The information in the excerpts had been obtained by social workers and was located in social work narrative. Fifteen of the excerpts came from clients, and two could not be classified according to source. The excerpts could not be classified according to their stage of occurrence in agency contact. In ten excerpts it was not possible to determine who was being discussed, however, six excerpts discussed clients, and one discussed a patient. Nine of the excerpts were data, five were interpretations, and three were data plus interpretations.

The content of the excerpts was classified into four categories. They were the judgment that society places on statuses and roles; religion; behavior; and education. The following excerpts illustrated the above categories:

(1) She cannot quite accept the common-law-marriage situation as it is, due to her religious and cultural ideas. (2) She has threatened him with a year's punishment of not going anywhere if by Easter he is not ready to make his Holy Communion. (3) Her husband is home and is considering the possibility of a job that will permit him to spend more time with the patient.

Activity-patterns.--For this item data were obtained from twenty records. The information had been obtained by agency social workers. Five of the excerpts were located in the school reports; the remaining fifteen could not be classified according to their location in the record. Their occurrence in a particular stage of agency contact was not determined, excluding the five excerpts found in the school reports that were obtained during the assessment period. Fifteen of the excerpts were classified as data, and five were interpretations. Fourteen excerpts discussed patients, and six discussed clients.

The excerpts concerned with activity patterns were analyzed, and the following categories were formed: activity-patterns relating to recreation; the execution of role responsibilities; and academic achievement. Execution of role responsibilities was inferred in the excerpt that follows:

The father is beginning to participate in activities with him. He took him to a baseball game and spent quite a few dollars with him.

Family.—Subsystems were considered important when the assessment model was constructed. The first was the family. Data were obtained about the family from twenty records. The information in the excerpts had been obtained by social workers, and the excerpts were located in the social work narrative. The information had been obtained from clients in nineteen instances, and one excerpt was an impression of a psychotherapist. The stage in the agency contact in which the excerpts occurred could not be determined. In each excerpt the family was discussed. Fifteen of the excerpts were data, two were interpretations, and three were data plus interpretations.

The categories formed when the content of the excerpts was analyzed were as follows: structure of the family; and the dynamics of interaction.

Illustrations of these categories were:

(1) This family seems to be one in which problems are mutually shared and handled. (2) On the surface, the family seems to be functioning within acceptable standards as they may be viewed by society. This is an intact family which has a father who meets financial obligations. (3) The mother's present union is a common-law-marriage. For the past eight years they have been staying together for the sake of the children.

Education.--Data were obtained for the item education from twenty records. The information in eleven excerpts had been obtained by staff social workers, three by staff remedial teachers, and six could not be so classified. Eleven of the excerpts were located in the school reports. During the assessment period, the school reports were obtained from the teachers of the patients. Three excerpts were the impressions of agency remedial teachers, and six could not be classified as to source. In each excerpt a patient was discussed. Eleven of the excerpts were data, two were interpretations, and seven were data plus interpretations.

Two categories were formed when the content of the excerpts was analyzed. The first was the patient's grade level or academic achievement, and the second was the patient's attitude toward his school work.

Peer groups.--For this item, data were obtained from twenty records. Fourteen of the excerpts contained information obtained by social workers, and the remaining six could not be so classified. The excerpts were located in school reports; they had been obtained from school teachers, and the statements related their impressions of patients. Fourteen of the excerpts had been obtained during the assessment period, and six could not be classified. In each excerpt the patient was discussed. Sixteen excerpts were data, and four were data plus interpretations.

The content of the excerpts was analyzed, and one general category was formed. It was the patient's behavior or interaction with his peer groups. An illustration was:

With his peers, he is courteous and polite. He is timid and occasionally picked on. However he is beginning to assert himself a little.

Ethnic groups.--Data were secured from twenty records regarding ethnic groups. The information in the excerpts was obtained by social workers,

and the excerpts were located in the social work narrative. In twelve cases the information was based upon the observations of social workers. Eight excerpts could not be classified as to source. The information was obtained during the assessment period.

In seven cases patients were discussed, and in thirteen excerpts, clients were discussed. The remaining excerpts could not be so classified.

Content analysis of the excerpts yielded one general category: membership based on biological or cultural characteristics. This category was sub-divided into persons belonging to the Negro race, Puerto Ricans and Caucasians.

Class.---Data were obtained from twelve of the records studied. The information in the excerpts was obtained by social workers, and was located in the social work narrative. Clients were the sources of information, and they were discussed in each excerpt. Eleven of the excerpts were data, and one was a datum plus an interpretation. The stage in the agency contact in which the excerpts were secured could not be determined.

When the content of the excerpts was analyzed, two categories were formed: persons supported by the New York City Department of Welfare; and middle-class persons.

Territorial groups.---For the schedule item territorial groups, data were obtained from nineteen case records. The information was obtained by social workers, and was located on the application for service forms. Clients were the sources of information, and were also the persons discussed in each excerpt. The information was secured during the assessment period. Each excerpt was a datum.

One category was formed when the excerpts were analyzed. It was a

locality group which has developed sufficient social organization and cultural unity to be considered a regional community. The category was sub-divided into persons born in or having ties in Southern states; Northern states; Europe; the West Indies; and The District of Columbia.

Political groups.---Data were obtained from thirteen records for this item. The information was secured by social workers, and the excerpts were located in the social work narrative. Social workers had obtained the information from clients, but the excerpts could not be classified as to their occurrence in agency contact. Six excerpts discussed patients, and seven discussed clients. There were three excerpts classified as data plus interpretations, and ten were classified as data.

The categories formed when the content of the excerpts was analyzed were as follows: contact with police departments; and contacts with children and domestic courts.

Economic groups.---Data were obtained from nineteen of the records studied. The information was obtained by social workers, and was located on fee assessment forms. The information was obtained during the assessment period, and clients were discussed. Each excerpt was a datum.

The content of the excerpts, when analyzed, yielded the following categories: Department of Welfare recipients; persons professionally employed; skilled and unskilled laborers; and student. An illustration was: "The patient's father teaches at Yeshiva University."

Religious groups.---Data were obtained from nineteen records. The information was obtained by social workers during the assessment period. The excerpts were located in the social work narrative. Ten of them discussed patients, and nine discussed clients. Seventeen excerpts were data, and two were data plus interpretations.

The content of the excerpts yielded four categories of religious groups. They were Protestants, Catholics, Jews, and Moslems.

CLASSIFICATION CATEGORIES

1. Intellectual potential
 - a. Standardized intelligence tests
 - b. Classification of derived intelligence quotients according to the range of mentality into which they fell
 - c. The global capacity of an individual to act purposefully, think rationally and to deal effectively with his environment
2. Basic thrust, drives, instincts
 - a. The innate propensity of individuals to satisfy basic needs
 - b. Tendencies to respond to certain stimuli or situations
3. Physical potential
 - a. Physical structure (size, skeleton, musculature)
 - b. Racial characteristics
 - c. Bodily proportions
 - d. Temperament, mood irritability
 - e. Tempo, energy and activity level
4. Physiological functioning
 - a. Conditions of visual impairment
 - b. Skin conditions
 - c. Weight problems
 - d. Asthma
 - e. Systolic heart murmur
 - f. Symptoms of epilepsy
 - g. Feet problems
5. Identifiable patterns for reacting to stress and restoring dynamic equilibrium
 - a. Acting out behavior
 - b. Obesity
 - c. Asthmatic attacks
 - d. Aphasia
 - e. Mechanisms of defense
6. The internal organization of the Personality
 - a. Persons having Schizophrenic reactions
 - b. Neurotic behavior disorders
 - c. Socio-pathic personalities
 - d. Ego strengths
 - e. Inadequate personality development
 - f. Ability to control impulses
 - g. Passive aggressive personalities
7. Degree of Maturity
 - a. Maturity as measured by competence in social relationships
 - b. Emotional maturity according to stage of development
 - c. Physical maturity

8. Self-image
 - a. Self-image as evidenced in one's self esteem
 - b. Sexual identity
 - c. Sense of ones capacities
 - d. The degree of self confidence manifested
9. Patterns of interpersonal relationships and emotional expression related thereto
10. Internalizations (in the form of attitudes) of culturally derived beliefs, values, norms and activity-patterns and the appropriate feelings for each
 - a. Internalizations of norms
 - b. Beliefs
 - c. Values
 - d. Activity-patterns
11. Beliefs
 - a. A belief in religious doctrine
12. Values
 - a. The judgment that society places on status and roles
 - b. Religion
 - c. Behavior
 - d. Education
13. Activity-patterns
 - a. Activity-patterns relating to recreation
 - b. The execution of role responsibilities
 - c. Academic achievement
14. Family
 - a. The structure of the family
 - b. The dynamics of interaction among family members
15. Peer groups
 - a. The patients behavior or interaction with his peer groups
16. Ethnic groups
 - a. Membership being based on biological or cultural characteristics, e.g. Negro, Puerto Rican, Caucasians
17. Education
 - a. The patient's grade level or academic achievement
 - b. The patient's attitude toward his school work
18. Class
 - a. Persons being supported by the New York City Department of Welfare
 - b. Middle class persons

19. Territorial groups
 - a. A locality group which has developed sufficient social organization and cultural unity to be considered a regional community. e.g. Persons born in or having ties in Southern states, Northern states, Europe.
20. Political groups
 - a. Contacts with police departments
 - b. Children's court
 - c. Domestic court
21. Economic groups
 - a. Department of Welfare recipients
 - b. Persons professionally employed
 - c. Skilled and unskilled labor
 - d. Students
22. Religious groups
 - a. Affiliation with religious groups, e.g. Protestants, Catholics, Jew and Moslems.

CHAPTER IV

PRESENTATION AND INTERPRETATION OF TABLES

Chapter IV shows the analyzed data in tabular form. Tables were constructed to depict the results of the analysis for each of the schedule items, excluding the breadth of data and the analysis of the content. Following each table is an interpretation which attempts to point out significant observations pertinent to the study.

As previously stated, a table was not constructed to illustrate the breadth of data because of the fact that only one source of information was obtained for each excerpt.

A table was not constructed for the content analysis because the material did not lend itself readily to such a presentation.

Table 1 depicts the incidence of data for each of the schedule items. For four of the schedule items relating to the personality, data were obtained from the total sample. These items were Intellectual Potential; Physiological Functioning; and Patterns of Interpersonal Relationships. At Northside Center these factors were routinely considered when an assessment of an individual was made. Five other items had an incidence of data ranging from seventeen to nineteen. The least number of excerpts was obtained for the item Basic Thrust, Drives, Instincts; data were obtained from only six records. This does not negate its significance in assessment, nor should it be assumed that this factor was not considered important by the agency. It is more likely a reflection of the way in

Table 1
INCIDENCE OF DATA

Schedule Items ¹	Data Obtained	No Data	Total
I. Personality Factors			
Intellectual potential	20	0	20
Basic Thrust	6	14	20
Physical potential	20	0	20
Physiological functioning	20	0	20
Identifiable patterns	18	2	20
Internal organization	18	2	20
Degree of maturity	18	2	20
Self-image	19	1	20
Patterns	20	0	20
Internalizations	17	3	20
Sub-total	176	24	200
II. Socio-Cultural Factors			
Beliefs	5	15	20
Activity-patterns	20	0	20
Values	17	3	20
Family	20	0	20
Education	20	0	20
Peer groups	20	0	20
Ethnic groups	20	0	20
Class	12	8	20
Territorial groups	19	1	20
Political groups	13	7	20
Economic groups	19	1	20
Religious groups	19	1	20
Sub-total	204	36	240
Total	380	60	440

¹See Appendix A for complete title of schedule items.

which the data were obtained. More specifically, the definition of the concept was interpreted narrowly by the researcher, thus limiting the number and kinds of statements that would fall into this category.

Data were obtained from twenty records for the following Socio-cultural Factors: Activity-patterns; Family; Education; and Ethnic Groups. Here again were factors that were routinely considered in assessment at Northside. Data were secured from nineteen records for Religious Groups, Economic Groups and Territorial Groups. To a somewhat lesser extent they were obtained for the remaining factors.

When the two divisions of the table are compared, there appears to be similar weight given to both kinds of factors. It is significant to note that data were obtained for each schedule item. Only two items had an incidence of data below ten; Beliefs and Basic Thrust. The statement previously made regarding the interpretation of the concept Basic Thrust applies equally to Beliefs.

Table 2 indicates the professional person responsible for obtaining the information in the excerpts. The information about personality was secured by staff social workers, psychiatrists, psychologists, the agency's physician and remedial teachers. Information about physiological functioning was obtained solely by the agency physician. Intellectual potential was determined in sixteen records by agency psychologists. The greatest amount of information appears to have been obtained by social workers and therapists. This is due to the fact that they are the persons who provide the most service to clients in the form of treatment. Mention might be made of the schedule item, Internal organization of the Personality. This information was secured by the therapists. Inasmuch as Northside is a Child Guidance Clinic, this factor was the accepted domain of the psychiatrist

Table 2

ORIGIN OF DATA

Schedule Items	SW ¹	PS ²	PT ³	PHYS ⁴	RT ⁵	Could Not Be Classified	No Data Obtained
I. Personality Factors							
Intellectual potential		16	2		1	1	
Basic Thrust	6						14
Physical potential	12		8				
Physiological functioning				20			
Identifiable patterns	5	1	1		1	10	2
Internal organization			15			3	2
Degree of Maturity	10		6			2	2
Self-Image	6	1	2			10	1
Patterns	16					4	
Internalizations	17						3
Sub-total	72	18	34	20	2	30	24

Table 2 (Continued)

Schedule Items	SW ¹	PS ²	PT ³	PHYS ⁴	RT ⁵	Could Not Be Classified	No Data Obtained
II. Socio-Cultural Factors							
Beliefs	5						15
Values	17						3
Activity-patterns	20						
Family	20						
Education	11				3	6	
Peer groups	14					4	
Ethnic groups	12					8	
Class	12						8
Territorial groups	19						1
Political groups	13						7
Economic groups	19						1
Religious groups	19						1
Sub-total	181				3	20	36
Total	253	18	34	20	5	50	60

¹ Social worker

² Psychiatrist

³ Psychotherapist

⁴ Physician

⁵ Remedial teacher

or person engaged in psychotherapy. Even though this was the case, the table implies that the greatest amount of personality factor information was obtained by social workers. Though this assumption might be valid, it is necessary to consider the fact that the entire record was used and that excerpts were obtained at the discretion of the researcher. Further, the fact that this was a social work project naturally impelled the researcher to look for evidence of social work assessment.

It was necessary to make a category for those excerpts that could not be classified according to origin. This was due to the fact that this information was not included when the schedules were completed, and in all instances it was not possible to determine the origin from the content of the excerpt. The same is true in subsequent tables.

Out of the 204 excerpts obtained to illustrate Socio-Cultural Factors, 181 were obtained by social workers. This factor is worthy of note because of its implications. Northside Center is child-focused. Its goal is to restore to mental health as many children as possible. Thus the agency was naturally concerned about the patient's social functioning as well as his personality growth. This required some understanding of the patient's beliefs, values and activity patterns, as well as his relationships in his sub-systems. Social workers were thought to be the best qualified to obtain this information. Information about the family and activity-patterns was obtained from twenty records. The number of excerpts obtained for the remaining items ranged from five to nineteen.

Table 3 illustrates the location of the excerpts in the case record. The greatest amount of the information was located in the social work narrative. This is in keeping with the preceding table which illustrates that the greatest amount of information was obtained by social workers. The information obtained by other team members was in their respective reports.

Table 3

LOCATION OF DATA IN RECORD

Schedule Items	SW ¹	PS ²	PHYS ³	RT ⁴	PSY ⁵	SR ⁶	ASR-FS ⁷	Could Not Be Classified	No Data Obtained
I. Personality Factors									
Intellectual potential		2		1	16				
Basic Thrust	6								14
Physical potential	12	8							
Physiological functioning			20						
Identifiable patterns	5	1		1	1			10	2
Internal organization		15						3	2
Degree of Maturity	10	6						2	2
Self-Image	6	2			1			10	1
Patterns	16							4	
Internalizations	17								3
Sub-total	72	34	20	2	18			30	24

Table 3 (Continued)

Schedule Items	SW ¹	PS ²	PHYS ³	RT ⁴	PSY ⁵	SR ⁶	ASR-FS ⁷	Could Not Be Classified	No Data Obtained
II. Socio-Cultural Factors									
Beliefs	5								15
Values	17								3
Activity-patterns						5		15	
Family	20								
Education				3		11		6	
Peer groups						14		6	
Ethnic groups	20								
Class	12								8
Territorial groups							19 ^a		1
Political groups	13								7
Economic groups							19 ^b		1
Religious groups	19								1
Sub-total	106			3		30	38	27	36
Total	178	34	20	5		30	38	57	60

¹ Social work report⁶ School report² Psychiatric report⁷ Application for Service Form and Fee Sheet³ Physician's report

a. Application for Service Form

⁴ Remedial teacher

b. Fee Sheet

⁵ Psychological report

Some of the excerpts concerned with socio-cultural factors were located in school reports. The factors were Activity-patterns, Education and Peer groups. The application for service form contained the excerpts having to do with Territorial groups; and information regarding Economic groups was located on the fee assessment form.

Table 4 illustrates the sources of the excerpts that were obtained. It is divided into categories to illustrate the number of excerpts which came from clients, patients, psychological testing, medical examination, and those which were the impressions of the professional persons providing service. The information about Intellectual Potential came from psychological testing, and the agency physician obtained the information about Physiological functioning. The bulk of the information obtained for the remaining Personality factor items came from clients, or were the impressions of social workers or psychotherapists. The patient provided the information in three of the excerpts obtained that dealt with Internalizations.

Socio-cultural information generally came from clients, or was obtained via school reports from the teachers of the patients. Thirty of the excerpts came from school reports. The information recorded in them consisted of impressions of the teachers as well as factual information regarding academic achievement. Northside maintains a close working relationship with the schools. Many of the patients expressed their problems in this particular subsystem, and were subsequently referred for service.

The table further illustrates that the social worker's clients are the greatest sources of information. To a great extent this was true in agency practice. Clients provided a large volume of the information which helped

Table 4
SOURCE OF DATA

Schedule Items	Observations of						Could Not Be Classified	No Data Obtained
	PT ¹	CL ²	EXAM ³	SW ⁴	PT ⁵	T ⁶		
I. Personality Factors								
Intellectual Potential			16 ^a		2	1	1	
Basic Thrust		5					1	14
Physical potential				12	8			
Physiological functioning			20 ^b					
Identifiable patterns		5			9		4	2
Internal organization					15		3	2
Degree of Maturity		10			6		2	2
Self-Image		4	1 ^a		3		11	1
Patterns		3		14			3	
Internalizations	3	6		8				3
Sub-total	3	33	37	34	43	1	25	24

Table 4 (Continued)

Schedule Items	PT ¹	CL ²	EXAM ³	Observations of			Could Not Be Classified	No Data Obtained
				SW ⁴	PT ⁵	T ⁶		
II. Socio-Cultural Factors								
Beliefs		3			2			15
Values		15					2	3
Activity-patterns	2	13				5		
Family		19			1			
Education						14	6	
Peer groups						14	6	
Ethnic groups				12			8	
Class		12						8
Territorial groups		19						1
Political groups		13						7
Economic groups		19						1
Religious groups	1	18						1
Sub-total	3	134		12	3	33	22	36
Total	6	167	37	46	46	34	47	60

¹Patient⁴Social worker²Client⁵Psychotherapist³Examination⁶School and Remedial teacher

a. Psychological testing

b. Medical examination

the psychiatrist to assess the child. The information that they provided was necessary for a comprehensive understanding of the patient's problems.

Table 5 illustrates that, of the 380 excerpts obtained, 204 were obtained during the agency assessment period. One hundred seventy-six of the excerpts could not be classified as to their stage of occurrence in agency contact. This was due to the fact that, when the schedules were completed, there was no note made of the stage of contact. For the excerpts designated as having occurred during the assessment period, it was possible to make a judgment regarding them on the basis of their content. For example, intelligence tests were always given during the assessment period. When the schedules were being completed, the researcher consulted those portions of the record in which one could anticipate finding a particular kind of content. Specifically, they were the social worker's intake, psychiatric reports, and the results of psychological and physical examinations. Occasionally however, excerpts were taken from other portions of the record in which treatment notes were recorded. To avoid speculation, those excerpts open to doubt were not classified.

Table 6 shows that out of the 179 excerpts obtained, 117 discussed patients in relation to personality factors. Fifty of them discussed clients, and three discussed the family. This was in keeping with the focus of the agency. At Northside Center, the personalities of the patients were assessed in order to plan for treatment. The assessment was facilitated by the information supplied by clients or parents and guardians.

Relative to socio-cultural factors, eighty-one excerpts discussed patients, ninety-three discussed clients, and twenty discussed families. There were twelve more excerpts discussing clients than patients, a difference probably not too significant. It appears that, when the

Table 5

STAGE IN AGENCY CONTACT WHEN INFORMATION WAS OBTAINED

Schedule Items	Assessment Period	Could Not Be Classified	No Data Obtained
I. Personality Factors			
Intellectual potential	20		
Basic Thrust		6	14
Physical potential	20		
Physiological functioning	20		
Identifiable patterns	1	17	2
Internal organization	15	3	2
Degree of Maturity	15	3	2
Self-Image	6	13	1
Patterns		20	
Internalizations		17	3
Sub-total	97	79	24
II. Socio-Cultural Factors			
Beliefs		5	15
Values		17	3
Activity-patterns	5	15	
Family		20	
Education	11	9	
Peer groups	14	6	
Ethnic groups	20		
Class		12	8
Territorial groups	19		1
Political groups		13	7
Economic groups	19		1
Religious groups	19		1
Sub-total	107	97	36
Total	204	176	60

Table 6

PERSON DISCUSSED IN EXCERPT

Schedule Items	Patient	Client	Family	Could Not Be Classified	No Data Obtained
I. Personality Factors					
Intellectual potential	20				14
Basic Thrust	6				
Physical potential	8	12			
Physiological functioning	20				
Identifiable patterns	9	5		4	2
Internal organization	18				2
Degree of Maturity	13	5			2
Self-Image	13	4		2	1
Patterns	4	16			
Internalizations	6	8	3		3
Sub-total	117	50	3	6	24
II. Socio-Cultural Factors					
Beliefs	3	2			15
Values	1	6		10	3
Activity-patterns	14	6			
Family			20		
Education	20				
Peer groups	20				
Ethnic groups	7	13			
Class		12			8
Territorial groups		19			1
Political groups	6	7			7
Economic groups		19			1
Religious groups	10	9			1
Sub-total	81	93	20	10	36
Total	198	143	23	16	60

Table 7

NATURE OF EXCERPTS

Schedule Items	Data	Data Plus Interpre- tations	Inter- preta- tion	No Data Obtained
I. Personality Factors				
Intellectual potential	3	13	4	
Basic Thrust	5	1		14
Physical potential		15	5	
Physiological functioning	14	3	3	
Identifiable patterns	8	10		2
Internal organization	8	4	6	2
Degree of Maturity		2	16	2
Self-Image	4	2	13	1
Patterns	14	3	3	
Internalizations	8	3	6	3
Sub-total	64	60	52	24
II. Socio-Cultural Factors				
Beliefs	5			15
Values	9	3	5	3
Activity-patterns	15		5	
Family	15	3	2	
Education	11	7	2	
Peer Groups	16	4		
Ethnic groups	15	5		
Class	11	1		8
Territorial groups	19			1
Political groups	10	3		7
Economic groups	19			1
Religious groups	17	2		1
Sub-total	162	28	14	36
Total	226	88	66	60

assessment of an individual is made in light of socio-cultural factors, more people are included. All of the information acquired regarding education and peer groups discussed patients.

Table 7 illustrates that, of the excerpts obtained regarding personality factors, sixty-four were classified under the heading of datum, sixty were under the heading of datum plus interpretation, and fifty-two were interpretations. For the assessment items Physical Potential and Degree of Maturity, there were no excerpts under the heading of datum. According to the table, when a statement was made about Physical Potential, it was usually followed by an interpretation. Contrastingly sixteen excerpts regarding the Degree of Maturity were interpretations. This may be indicative of the fact that such an item is not as easy as others to substantiate.

The combined scores of the categories data and data plus interpretations far surpass the category of interpretation. Of the 380 excerpts obtained, sixty-six were interpretations; the remainder fell into the other two categories. The implication here is that when the personality of a patient was assessed, a datum or statement considered factual was usually present to substantiate a professional judgment.

Of the 204 excerpts obtained regarding socio-cultural factors, one hundred sixty-two were classified under the heading of data. This was due to the fact that the bulk of the information was obtained from clients. Further Socio-Cultural factors are often more readily discernible than Personality Factors. It is much easier to uphold a statement regarding an individual's economic group than his degree of maturity. Fourteen of the excerpts obtained were interpretations, and twenty-eight were classified under the heading of data plus interpretations.

CHAPTER V

SUMMARY AND FINDINGS

This study was carried out at Northside Center for Child Development, Incorporated, a child guidance clinic located in New York City. Twenty case records constituted the sample studied, and an unstructured schedule was used to abstract data from the records. The purpose of the study was to determine whether or not the factors comprising the Tentative Model of Social Work Assessment were considered by the agency when an assessment was made. This chapter attempts to provide an answer to the question inferred.

The history and description of the agency relates that, from its inception, the traditional team approach was used in the agency assessment. Social workers, psychologists and psychiatrists made their contributions and collaborated in identifying and evaluating the problems of the agency's clientele. The same process was being used when the study was made. Each of the disciplines participating in the assessment brought to it the special concerns of its profession. Inherent in their respective interests were personality and socio-cultural factors. A rich awareness of the influence of socio-cultural factors on social functioning was brought to the agency by the founders, and the recognition of the influences was sustained.

The above statements were upheld when the data were analyzed and presented in Chapter III. Included in the chapter is an analysis of the

content of the excerpts that were obtained. Chapter IV presents the analyzed data in tabular form followed by interpretations.

As a result of this study, there were four major findings. First, the traditional team approach was used in assessing the problems of the agency's clientele. Secondly, data were obtained for all the items on the schedule. One may conclude that the assessment factors in the model were utilized when an assessment was made. The third finding was that the greatest amount of information regarding assessment was obtained by the social worker in the agency. Finally, in assessment at Northside, almost equal weight appears to have been given to socio-cultural and personality factors.

APPENDIXES

APPENDIX A

ASSESSMENT OF SOCIAL FUNCTIONING: MODEL

Personality Factors

- A. Innate or Genetic Potential: Characteristics at Birth reflect these, as well as pre-natal influences.
 - 1. Intellectual potential (Intelligence)
 - 2. Basic thrust, drives, instincts: tendencies, present or incipient at birth, to respond to certain stimuli or situations.
 - 3. Physical potential
 - a. General physical structure; size, skeleton and musculature; racial characteristics; bodily proportions.
 - b. Temperament: irritability: energy and activity level.
 - c. Bodily resilience and resistance.
- B. Physiological Functioning: Normal and abnormal functioning according to stage of development; continuum health-illness.

Social Functioning (role performance) In Social Situations

- Adequate role performance required:
- 1. Action consistent with system norms and goals.
 - 2. The necessary skills in role tasks and interpersonal relationships.
 - 3. The necessary intrapersonal organization.
 - 4. Self and other (s) satisfactions.

Socio-Cultural Factors

- A. Culture
 - 1. Beliefs (symbol system)
 - 2. Values
 - 3. Activity-patterns
The feelings appropriate to each of the above
- B. Subsystems (social structure)
 - 1. Family
 - 2. Education
 - 3. Peer Groups
 - 4. Ethnic Groups
 - 5. Class
 - 6. Territorial Groups
 - 7. Economic Groups
 - 8. Political Groups
 - 9. Religious Groups

ASSESSMENT OF SOCIAL FUNCTIONING: MODEL (Continued)

Personality Factors

Social Functioning (role performance)
In Social Situations

Socio-Cultural Factors

- C. Ego Functioning (intra-
psychic adjustment)
 - 1. Identifiable patterns
developed for reacting
to stress and restor-
ing dynamic equili-
brium.
 - a. Adaptive and/or
 - b. Defense mechanisms
 - 2. Integration of id,
superego, and ego
(the internal organi-
zation of the per-
sonality), e. g.
 - a. Flexibility vs.
rigidity of ego
functioning.
 - b. Capacity for growth
- D. Degree of maturity (as
judged by competence in
adequate role performance
in accord with person's
stage of development.
- E. Self-image (concept of self)
 - 1. Self-esteem
 - 2. Sense of continuity
 - 3. Sense of identity
 - 4. Sense of one's capa-
cities
 - 5. Sense of meaning.

ASSESSMENT OF SOCIAL FUNCTIONING: MODEL (Continued)

Personality Factors

Social Functioning (role performance) Socio-Cultural Factors
In Social Situations

- F. Patterns of Interpersonal
Relationship and Emotional
Expression Related thereto,
e. g.
1. Acceptance-rejection
2. Permissiveness-control
3. Spontaneity (flexibility)
rigidity
4. Love-hate
5. Domination-submission
- G. Internalizations of cul-
turally derived beliefs,
values, norms, activity-
patterns, and the feelings
appropriate for each
Internalizations take
the form of attitudes.

Personality factors and Socio-cultural factors interact and effect social functioning.

APPENDIX B

ASSESSMENT SCHEDULE

General Instructions

1. Read each question carefully and follow the specific instructions on this sheet.
2. Read the concepts and definitions on the separate sheet before answering each question.
3. Place a check mark in the space provided for "Yes" and "No". Every question must be checked.
4. Use at least one excerpt from the record to substantiate your answer for every question in which "Yes" has been checked.
5. Do not write in any other space except where provided on the schedule. Use separate sheets for long excerpts and be sure to identify the number of the question.
6. Include only excerpts pertinent to the question asked.
7. If whole sentences are not quoted, be sure to use three periods (...) to indicate that it is part of a quote. Four periods (....) are used if omissions are made at the end of a sentence.
8. Be sure to use a Number 2 pencil in filling out the schedule.
9. Write legibly.
10. Complete all items on face sheet including stating nature of problem.
11. Do not leave any question unanswered.
12. When the schedule is completed, go back over it to be sure all questions have a check and excerpt.
13. The entire schedule is to be considered confidential material.

IDENTIFYING INFORMATION

Code Number of
Case Record: _____

Name of Agency: _____

Agency Setting: _____

Name of Student Completing schedule: _____

Date Schedule Completed: _____

Dates of Duration of Case: _____

State the Nature of the Problem: _____

Coder: _____ Date: _____

Editor: _____ Date: _____

Closed _____

	<u>Yes</u>	<u>No</u>
I. PERSONALITY FACTORS		
A. Innate or Genetic Potential		
1. Intellectual potential	_____	_____

2. Basic Thrust, drives, instincts:	_____	_____

3. Physical Potential:	_____	_____

B. Physiological Functioning:	_____	_____

C. Ego Functioning (intra-psychic adjustment);		
1. Identifiable patterns for reacting to stress and restoring dynamic equilibrium:	_____	_____

	<u>Yes</u>	<u>No</u>
2. Internal Organization of the Personality.	_____	_____

D. Degree of Maturity.	_____	_____

E. Self-Image.	_____	_____

F. Patterns of Interpersonal Relationships and Emotional Expression Related Thereto.	_____	_____

G. Internalizations of Culturally Derived Beliefs, Values, Activity-Patterns, Norms, and Appropriate Feelings for Each.	_____	_____

H. Other Information on Personality Factors.	_____	_____

YesNo

II. SOCIO-CULTURAL FACTORS

A. Culture

1. Beliefs.

—

—

2. Values.

—

—

3. Activity-Patterns.

—

—

B. Sub-Systems (Social Structure and Dynamics)

1. Family.

—

—

2. Education.

—

—

YesNo

3. Peer Groups

—

—

4. Ethnic Groups

—

—

5. Class

—

—

6. Territorial Groups

—

—

7. Political Groups

—

—

8. Economic Groups

—

—

Yes No

9. Religious Groups

C. Other Information on Socio-Cultural Factors

Assessment Information Not Included in Schedule

[illegible]

APPENDIX C

DEFINITIONS

Intellectual Potential: Capacity to function in situations that require the utilization of mental activity; a global capacity of an individual to act purposefully, to think rationally and to deal effectively with his environment; that which a properly standardized intelligence test measures.

Basic thrust, drives, instincts: Tendencies, present or incipient at birth, to respond to certain stimuli or situations; the innate propensity to satisfy basic needs, e. g., food, shelter, love, security, worth, new experience.

Physical potential: Includes: general physical structure, size, skeleton and musculature; racial characteristics; bodily proportions; temperament; mood, irritability; tempo, energy and activity-level; bodily resilience and resistance.

Physiological functioning: Normal and abnormal functioning according to stage of development; continuum health-illness.

Identifiable patterns developed for reacting to stress and restoring dynamic equilibrium, e.g., adaptive or defense mechanisms.

Internal organization of the personality: The organization of id, super-ego and ego into a harmoniously operating whole; personality integration, e.g. flexibility vs. rigidity of ego functioning, capacity for growth.

Degree of maturity (as judged by competence in adequate role performance in accord with person's physical, social, and emotional stage of development).

Self-image (concept of self), e.g. self-esteem, sense of identity, sense of continuity, sense of one's capacities, and sense of meaning.

Patterns of interpersonal relationships and emotional expression related thereto, e.g., acceptance, rejection, permissiveness, control, spontaneity, flexibility, rigidity, love, hate, domination, and submission.

Internalizations (in the form of attitudes) of culturally derived beliefs, values, norms, activity-patterns, and the feelings appropriate for each.

Belief: An element of cultural tradition which involves the acceptance of any given proposition as true.

Value: The believed capacity of any object to satisfy a human desire; the judgment that society places upon certain objects, ideas, statuses and roles formulates the direction for choice in action.

Activity-patterns: Standardized ways of behaving, under certain stimuli or in certain interactional situations, which are acceptable to the group.

Family: A social group composed of parents, children, and other relatives, in which affection and responsibility are shared.

Education: The social process directed by the social system toward the realization of socially accepted values.

Peer group: A group whose members have similar characteristics as to age, sex, etc., e.g., friendship groups, cliques, gangs.

Ethnic group: A group which is normally endogamous, membership being based on biological or cultural characteristics.

Class: A horizontal social group organized in a stratified hierarchy of relationships.

Territorial group: A locality group which had developed sufficient social organization and cultural unity to be considered a regional community.

Political group: Governmental units, e.g., courts, police, various forms of government.

Economic group: A group concerned with the creation and distribution of valued goods and services.

Religious group: A group which shares symbols, doctrines, beliefs, attitudes, behavior patterns and systems of ideas about man, the universe, and divine objects.

APPENDIX D

ANALYSIS OF SCHEDULE CONTENT

The following points are to be applied to each item on the schedule:

1. Incidence of Data
 - a. Data obtained
 - b. No data
2. Origin of Data (information obtained by)
 - a. Social worker in own agency
 - b. Social worker in other agency
 - c. Other discipline in own agency; identify discipline
 - d. Other discipline in other agency; identify discipline; identify kind of agency.
3. Location of Data in Record
 - a. Face Sheet
 - b. Narrative Record
 - c. Clinical Record
 - d. Letter
 - e. Summary
 - f. Staffing
 - g. Other (identify)
4. Source of Data (data obtained from)
 - a. Client
 - b. Other person (non-professional)
 - c. Personal document (letter, diary, etc.)
 - d. Measurements e.g., test of vision, intelligence, aptitude, personality
 - e. Observation or impression of social work or other professional
5. Breadth of Data (number of sources of information)
 - e. g. 1 source: Statement by client
2 sources: Statement by client and statement by his mother
6. Stage in Agency Contact when Information Was Obtained
 - e. g. during intake process, early, late, et cetera
7. Person Discussed in the Excerpt
 - e. g. Client, relative
8. Datum or Interpretation
 - a. Datum only, e.g., "he has fantasies."

- b. Interpretation only, e. g., "he projects these feeling on his mother."
- c. Datum plus interpretation, e.g., "has fantasies about being the strong man to compensate for feelings of weakness."
- d. Cannot be classified.

9. Classification of Content. This must be worked out by each student:

The following are illustrations:

- e. g. Physical Potential--bodily build, features, height, teeth, et cetera.
- e. g. Intellectual Potential -- I. Q. classification (e.g. mildly retarded, normal, superior); social adjustment; cause of condition (congenital cerebral defect).
- e. g. Internal Organization of Personality--discussion of ego or id or superego; 2 or 3 of the above; personality integration; flexibility-rigidity.
- e. g. Self-Image--does the information, describe a partial ("I'm not a good father") or a total ("I'm unworthy") of the person.

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